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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Washington, DC 20231

Attorney Docket No.	183-114
First Named Inventor	S. Margolin
Original Patent Number	6,114,353
Original Patent Issue Date (Month/Day/Year)	Sept. 5, 2000
Express Mail Label No.	EL424883788

APPLICATION FOR REISSUE OF:

(Check applicable box)

☒

Utility Patent

☐

Design Patent

☐

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)

Original U.S. Patent currently assigned?

☐

Yes

☒

No

(If Yes, check applicable box(es))

☐

Written Consent of all Assignees (PTO/SB/53)

☐

37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)

☐

Power of
Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender
☒ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS

☒

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NAME (Print/Type)

John H. Crozier

Registration No. (Attorney/Agent)

30,371

Signature

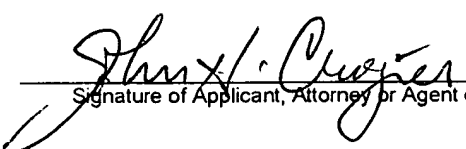
John H. Crozier

Date

Nov. 27, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 183-114		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$ _____ =		or	x \$ _____ =	
(C)	Independent claims (37 CFR 1.16(i))	(D)	• =	x \$ _____ =			x \$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$ 355		\$ _____	
Total Filing Fee					\$ 355	OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	...	MINUS	..	=	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	...	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>After any cancellation of claims.</p> <p>If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p>Nov. 27, 2000</p> <p>Date</p> </div> <div style="text-align: center;">  <p>Signature of Applicant, Attorney or Agent of Record</p> <p>John H. Crozier</p> <p>Typed or printed name</p> </div> </div>								

PATENT
183-114

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of)
Solomon B. Margolin)
Reissue of US Patent No. 6,114,353)
Filed: Simultaneously herewith.)
Title: COMPOSITIONS AND METHOD FOR)
TREATMENT OF LYMPHOMAS,)
LEUKEMIAS, AND LEIOMYOMAS) Date: November 27, 2000

Assistant Commissioner for Patents
Washington DC 20231

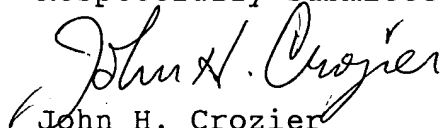
"EXPRESS MAIL" MAILING LABEL NO. EL424883788
DATE OF DEPOSIT: NOVEMBER 27, 2000

Dear Sir:

I hereby certify that the above-identified reissue application is being deposited by me, postage prepaid, with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date set forth above, addressed to BOX REISSUE, Assistant Commissioner for Patents, Washington DC 20231.

Date: November 27, 2000.

Respectfully submitted,


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